



# Wisconsin State Legislature

FOR MORE INFORMATION  
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## **HOPE Agenda Protects Patients**

According to the National Household Survey on Drug Use and Health, 163,000 people in Wisconsin abuse opioids. With the implementation of the Prescription Drug Monitoring Program (PDMP) in 2013, the state saw a drop in the prescribing of opioids because doctors and pharmacies could tell which patients were obtaining prescriptions from multiple doctors and which ones had forged prescriptions. Even with this drop, there is still more oxycodone purchased in Wisconsin pharmacies than the national average. Although 70 percent of people who abuse opioids obtain these drugs from family or friends, rather than from their own doctor, getting a better handle on the prescribing of opioids will help curb the problem of abuse. In my final column detailing this session's legislation relating to the HOPE Agenda, one bill seeks to prevent pain management clinics from turning into "pill mills" and another piece of legislation relates to methadone clinics.

Some people use opioid pain medication to treat chronic pain. Often, they are seen by specialized pain management doctors. Pain management doctors use many tools to help patients deal with chronic pain, including psychiatric therapy and the administration of intravenous nerve agents using guided x-rays and fluoroscopic imaging. They can also implant surgical devices to block pain. These specialized pain management doctors may operate their own clinics, be part of a larger hospital system, or work with other doctors. Unfortunately, some pain management clinics around the country have become known as "pill mills;" places where patients can easily get prescriptions for opioids without receiving much medical care.

The first bill, Assembly Bill 366 gives the Department of Health Services (DHS) oversight over the operation of pain management clinics across the state. The Medical Examining Board would still be responsible for regulating the doctors, but DHS' oversight will be a way of providing safeguards, so "pill mills" don't pop up in our state. It would not prevent the legitimate use of prescription medications, but will help doctors monitor their prescribing practices. Specifically, the new law requires pain management clinics to have a medical director, does not allow them to accept cash as payment for services, and does not allow them to dispense narcotic pain medications directly unless the clinic is also a pharmacy.

The second bill, Assembly Bill 367 requires methadone clinics to gather data that public health experts would find useful in analyzing the effectiveness of these clinics and the trends in treatment and addiction. The clinics would be required to gather information on:

- The ratio of program staff to individuals receiving treatment.
- The number of individuals receiving treatment who are receiving behavioral health services.
- The relapse rate or the average time of treatment.
- The program's plan for tapering individuals off of methadone.
- The average mileage that individuals receiving treatment travel for treatment.
- The number of doses of methadone that individuals carry out of the facility.
- The number of individuals in the program on each of the three forms of medication-assisted treatment that are approved by the federal food and drug administration.
- The number of individuals who engage in a program of aftercare and the number of individuals who are treated with medication as part of relapse prevention.

Methadone Clinics are for-profit clinics that receive Medicaid reimbursement for their services, but currently, there is little information available on these clinics; how they are run, or their effectiveness in helping people overcome addiction.

By attacking the problem of opioid addiction through better regulation of pain management clinics and more information on how well methadone clinics are working, we can help people

avoid opioid abuse and heroin use and get them the treatment they need. The opioid and heroin epidemics require action on a federal, state and local level to address this serious problem. As evidenced by the HOPE Agenda legislation that has been approved in the last two legislative sessions, the medical community, law enforcement and the public need to work together to address this crisis.

*If you have any questions about any of the information I have included or if you have suggestions on other topics or issues you would like learn more about, you may call my office toll-free at (800) 991-5541; write me at P.O. Box 7882, Madison, WI 53707; or e-mail me at:*

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